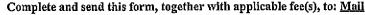
PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fec(s) Transmittal, Tl papers, Each addition	Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
26021 75	90 03/21/2006				_		
HOGAN & HARTSON L.L.P. 500 S. GRAND AVENUE SUITE 1900				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
LOS ANGELES, C	CA 90071-2611			Rebecca Golden		(Depositor's name)	
				Referra	Holke	(Signature)	
				June 21, 2006		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/614,072 07/02/2003 Steven D. Goodman 89188,0046 6524 TITLE OF INVENTION: PREVENTING TOOTH DECAY AND INFECTIVE ENDOCARDITIS USING NATURAL OLIGOPEPTIDES							
APPLN, TYPE	SMALL ENTITY	ISSUE FEB		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1,000	06/21/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
TONGUE, LAKIA J		1645		4 2 4-165100			
CFR 1.363). Change of correspond Address form PTO/SB/1? TFCe Address indicate PTO/SB/4?; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNIVERSITY OF SOUTHERN CALIF	ee Fornia	Correspondence tion form of a Customer E PRINTED ON 1 low, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 register listed, no THE PATEN data will app T a substitute (B) RESIDE	nting on the patent front page, I mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nared patent attorneys or agents. It name will be printed. I (print or type) Dear on the patent. If an assigner on the patent. If an assignment. ENCE: (CITY and STATE OR GELES, CALIFORNIA exatent):	nt attorneys 1 HOGAN a member a nes of up to no name is 3 nee is identified below, the of		
			tb. Payment of Fec(s):— A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.			b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	e Fee and Publica vill not be accepted int and Taggemark	tion Fee (if a d from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	Kourre Ja	Myllu	~ <i>)</i>	Dato June	21, 2006		
Typed or printed name Lawrence J. McClure		Registration No. 44,228					
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Atexandria, Virg Alexandria, Virginia 22313- Under the Paperwork Reduc	m is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPTI for reducing this burden, shinia 22313-1450. DO NOT 1 1450. tton Act of 1995, no persons	11. The infonnation 122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR (are required to reserved.)	on is required 1.14. This co depending u e Chief Infor COMPLETE spond to a co	to obtain or retain a benefit by illection is estimated to take 12 pon the individual case. Any enation Officer, U.S. Patent and D FORMS TO THIS ADDRES illection of information unless it	the public which is to file (an minutes to complete, includi comments on the amount of ti it Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	nd by the USPTO to process) ng gathering, preparing, and me you require to complete cartment of Commerce, P.O. for Patents, P.O. Box 1450, M number.	